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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/595,611
	Filing Date	May 1, 2006
	First Named Inventor	BUIST, Michael David
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number P07558US00	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (4 mo) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) (Replacement set) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Signed Declaration <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Request to Correct Filing Receipt (2 pages) 2) Application Data Sheet
Remarks No fees or extensions of time are believed to be due in connection with this amendment; however, consider this a request for any extension inadvertently omitted, and charge any additional fees to Deposit Account No. 26-0084.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MCKEE VOORHEES & SEASE, P.L.C., CUSTOMER NO. 22885	
Signature		
Printed Name	WENDY K. MARSH	
Date	JUNE 15, 2006	Reg. No. 39,705
CERTIFICATE OF TRANSMISSION/ELECTRONIC		
I hereby certify that this correspondence is being facsimile/electronic transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	WENDY K. MARSH	Date 6/15/06

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01 FC:2616 180.00 DA

Electronic Patent Application Fee Transmittal

Application Number:

Filing Date:

Title of Invention:

SYSTEM AND PROCESS FOR FACILITATING THE PROVISION OF HEALTH CARE

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01 FC:2615 2725.00 DA

First Named Inventor:

MICHAEL DAVID BUIST

Void date: 12/18/2006 CBURT1

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Wendy K. Marsh

Attorney Docket Number:

P07558US00

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U.S. National Stage under 35 USC 371 Filing Fees

Description

Fee Code

Quantity

Amount

Sub-Total in
USD(\$)

Basic Filing:

Basic National Stage Fee

2631

1

150

150

Natl Stage Search Fee - all other cases

2632

1

250

250

Natl Stage Exam Fee - all other cases

2633

1

100

100

Pages:

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200.00 DA

Claims in excess of 20

2615

48

25

1200

Independent claims in excess of 3

2614

1

100

100

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Miscellaneous Filing:

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